

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Abbeyfield Silverdale & District Society Limited

Cove House, Cove Road, Silverdale, Carnforth,
LA5 0SG

Tel: 01524701219

Date of Inspection: 28 July 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Abbeyfield Silverdale and District Society Limited
Registered Manager	Mrs Nicola Jane Williams
Overview of the service	<p>Abbeyfield Silverdale is a residential home in the village of Silverdale. It is a large detached property in its own grounds in a residential area overlooking the sea.</p> <p>The home is set on two floors and accommodates up to twenty-two residents. There are large gardens surrounding the home which are accessible and used by people living there.</p> <p>There are a range of aids and adaptations suitable to meet the needs of people living there.</p> <p>Parking is available in the grounds of the home.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection we looked at the way people were cared for and supported, how people were safeguarded from abuse, cleanliness and infection control, the way staff were supported to carry out their duties and the quality monitoring systems in place. We spoke individually with a four people living at the home, two relatives, the registered manager, the general manager, the care and training coordinator, the housekeeper, a senior carer and a care worker. Care practices were also observed for a short period, during the course of the inspection.

This helped to answer our five questions: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found.

Is the service safe?

People were treated with respect and dignity by the staff team. People told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

Systems were in place to make sure that the management and staff team learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

The home had proper policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards although no applications had needed to be submitted. Relevant staff had been trained to understand when an application should be made and how to submit one.

The service was safe, clean and hygienic. Equipment was well maintained and serviced regularly therefore not putting people at unnecessary risk.

Is the service effective?

There was an advocacy service available if people needed it. This meant that when required, people could access additional support.

People told us that they were pleased with the level of care that was being delivered to them and that their assessed needs were being met. From our observations and through speaking with staff it was clear that there was a good understanding of each person's assessed needs and that personal preferences were accommodated. One person told us, "This is a jolly good place to live". Another person said, "I am quite happy here. You get every attention they cannot do enough for us".

Health and care needs had been assessed and people had been involved, as far as they wished, or were able, in writing their plans of care. Although some people spoken with were unsure about their current care plan, they were unconcerned by this. On the care plans we looked at, each had been signed by the person or a close relative, to confirm their understanding and agreement to the content.

The relatives we spoke with confirmed that that were able to see people in private and at a time of their choice. These people were also very positive in their comments regarding the care provided at Cove House and confirmed that they had good communication with the staff team.

Is the service caring?

People were supported by kind, caring and attentive staff. We saw that care staff showed humour, patience and gave encouragement when supporting people. One relative, when asked what the service did well, commented, "The overall care, compassion and kindness shown to people". Another relative said, "They (the staff) always go the extra mile". A person living at the home said, "It is a very nice place to be. They (the staff) do quite a lot really and they are all very, very kind". A member of staff added, "Cove House is homely. We try to make it home from home, do activities and outings. The care we give is I think, very good. It is good enough for my family, for my dad.

People using the service and their relatives and friends had been given opportunity to complete satisfaction questionnaires. This, along with the regular resident meetings and open general meetings, helped people to formally have their say and influence change.

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Is the service responsive?

The people we spoke with said they were very satisfied with the arrangements in place to support social activities and social interactions. Social care needs had been given high priority. However it was also acknowledged that some people preferred spending time alone in their bedroom and this was respected.

People said that they knew how to make a complaint if they were unhappy about anything. Although formal complaints were infrequent, documents were available to record the complaint, the name of the person making the complaint, the process of investigation and the outcome. We saw that there was an 'open door' policy with people expressing their

views, or queries as they arose. This meant that any concern or query could be dealt with immediately. People living at the home and the relatives we spoke with confirmed this to be the case.

Is the service well led?

The service worked well with a range of health professionals to make sure that people received their care in a joined up way. Records were kept of all health professionals visits in respect of each person, which included the reason for the visit and the outcome.

Staff told us that they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and the quality assurance processes in place. This helped to ensure that people received a consistent service at all times.

Staff also told us that they felt very well supported by the registered manager, general manager and the wider Abbeyfield Silverdale and District Society organisation. We were also told that the staff team worked well together for the benefit of the people living at the home. We saw that the staff team was stable meaning that people living at the home were cared for and supported by staff who knew them well.

A wide range of routine audits and internal quality control measures were in place including structured overall monitoring of the service by the Trustees. This helped to ensure that a consistent service was maintained that helped to protect people and keep them safe.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

Cove House provided care and support to people who had a range of care needs. Care practices observed confirmed people were encouraged to maintain their independence and undertake tasks by themselves where they were able. When support was required this was done sensitively and with discretion. One person commented, "It is very nice to be here, I am very happy. I have nothing to complain about". We saw that staff were cheerful in their approach and encouraged people in a supportive and friendly way.

We looked at the care records of three people who lived at the home to see how their needs were being met and monitored. The care plans we looked at were well written, detailed and informative documents. They were set out in a way which informed staff of people's needs and choices and took into account the person's wishes.

The care records were person centred and gave a good picture of people's health and care needs, personalities, likes and dislikes, social care needs, mobility, use of aids to independent living as well as individual personal care needs. This also included the preferred routines for each individual in terms of getting up, personal likes and dislikes such as food choices, going to bed, preferences relating to dress/outfit, personal and social aims and objectives, interests and needs associated with their faith. One person likes to read a particular newspaper each day in her bedroom and we saw that this has been provided, much to the person's satisfaction. This meant that people could be cared for in a way which was important to them and maintained their interests. The registered manager and wider staff team were clearly knowledgeable about people's individual needs and how they were to be met.

Staff we talked with clearly knew their residents well, and could tell us about their preferences and histories and what was important to them. One member of staff when asked what staff did well said, "We are friendly, we do our best to help people, make them comfortable, talk to them, we really care for people and give excellent care". These comments were reiterated by the residents and relatives we spoke with.

A wide range of risk assessments were routinely undertaken on admission to the home.

These related to potential risks of harm or injury for the individual and identified appropriate actions to manage risk. This included issues such as, mobility, mental capacity, nutrition, personal safety, communication and social contact. Each individual risk assessment included the risk rate, action to be taken to eliminate or reduce the risk, the benefits of the action and the person(s) responsible for minimising that risk. This provided a clear audit trail of possible risks with significant outcomes incorporated into the individual care plan.

The records we looked at showed there was evidence of at minimum, bi-monthly monitoring and reviews taking place in respect of care plans. A three monthly review also took place to which next of kin or significant other was invited. A relative described how she regularly attended her mother's three monthly review at the home saying, "**** (registered manager), mum and I meet up to talk about her care plan, I know what is written in it and I am very pleased with it. Staff check on her care plan at other times and tell me when they have done it". This meant people had their needs checked regularly and any changes were recorded. We saw that the care plan and review records had been signed and dated by the person it related to or a family member. This meant that people were fully aware and involved in determining their future care and how this was to be delivered.

Records we looked at showed that the home worked closely with other health professionals. This meant the home took people's health seriously and responded to their individual needs. We saw from care records that all health related visits were recorded that included the date of the visit, the reason for the visit and the outcome. This provided a clear audit trail. We also saw that a Preferred Priorities of Care document had been properly completed for most people. This enabled the individual to make positive choices about their wants and wishes for their future care including end of life care.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

A range of policies and procedures addressed the importance of safeguarding, whistle blowing, reporting bad practice and the rights of people using the service. Clear information was available for staff outlining necessary measures to safeguard people living at Cove House.

Staff spoken with told us that the registered manager, general manager, and care and training co-ordinator were approachable and supportive and that discussion was encouraged. This meant that staff felt able to raise any issues or concerns. It was confirmed by discussion with the care and training co-ordinator and from the staff training matrix that staff had received training regarding adult abuse and safeguarding. This training had included the signs, symptoms and indicators of abuse. Annual refresher safeguarding training was mandatory. This helped to ensure that staff were consistently kept up to date with current best practice.

In addition, staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training. This ensured that the staff team were aware of issues regarding restraint and that people were not restrained unlawfully or unnecessarily. This helped to protect people and maintain their rights.

We saw that staff had also been provided with recent dementia care training. The care and training coordinator explained that more advanced dementia care training had been arranged to take place in November 2014. This important training helped staff to understand and respond appropriately to certain behaviours, which may be challenging.

In discussion, the staff we spoke with demonstrated a good understanding of issues surrounding safeguarding. We observed that there was also a genuine commitment to protect the safety and wellbeing of people who lived at the home. The written policies and procedures and the refresher training undertaken reminded staff of their duty to report any concerns and also provided assurance that they would be supported in this event.

During the course of the inspection we asked the people we spoke with if they felt safe living at Cove House. Responses were consistent and positive. One person told us, "Yes, I feel safe, I feel very safe". Another person said, "Safe, I have never thought about it so I

must feel safe".

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

Food hygiene and infection control measures were given high priority at Cove House. At the time of our visit the home was clean, well maintained and comfortable.

We asked the housekeeper how the home was kept clean and hygienic. We were told that in addition to the designated tasks undertaken by the housekeeper on week days, a second person was employed at the weekends to undertake domestic duties in communal areas and the communal toilets and bathrooms. The care staff spoken with confirmed that they also had responsibilities to undertake some cleaning tasks when the housekeeper was not on duty. This enabled the home to be maintained to a hygienic standard at all times.

We saw that there was a structured system in place to ensure that all areas of the home were thoroughly cleaned. The housekeeper explained that communal accommodation, bathrooms and en-suite facilities were cleaned daily. A designated number of bedrooms were also cleaned thoroughly on a daily rota basis. This enabled all bedrooms to have a more in depth clean at least once weekly. This ensured that each room was kept clean and hygienic.

A record was kept of the tasks to be undertaken by care staff that was signed off once completed. The housekeeper explained that the registered manager also completed spot checks of the environment on a weekly basis. However we were told that no record was kept of the spot checks taking place, or the outcome. We were told that consideration was being given to introducing a document to record when the spot checks took place and the outcome. The provider may find it useful to note that the absence of a clear audit trail could make it difficult to track any concerns or record improvement.

The housekeeper confirmed there was always a sufficient amount of cleaning materials and equipment made available. We also saw that staff were provided with personal protective equipment such as uniforms, plastic gloves and aprons. All staff had attended infection control training that was updated annually. This helped to reduce the risk of cross infection.

None of the people we spoke with expressed any concern about hygiene standards or the

cleanliness of the home. When we asked people if they felt the home was always clean and tidy we were told, "Yes, it is always clean, tidy and homely, I like it a lot". A staff member told us that everybody had responsibility to report any concerns regarding the environment, so that action could be taken as soon as possible. This helped to keep the home well maintained and the people living there, safe.

We saw that hand sanitizers and paper towels were in use in all communal bathrooms, toilets and the kitchen area. Hand sanitizers and /or hand gels were also available in other areas of the home such as the laundry, entrance area and the office. This prompted people to use the products so that hygiene standards could be maintained and to limit the possibility of cross infections.

One person, who had recently been admitted from hospital with an infection, was been cared for in her bedroom. Staff spoken with were clear about the infection control measures necessary including laundry, in order to protect themselves and other people living at the home.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff that were supported to deliver care safely and to an appropriate standard.

Reasons for our judgement

We observed staff going about their duties in a cheerful and pleasant manner and those living at the home appeared comfortable and relaxed when being assisted and supported.

Discussion with the care and training co-ordinator, members of staff and observation of staff training records, confirmed staff training was given high priority at Cove House. All staff had access to a structured training and development programme. This ensured that people in their care were being supported by a well-trained and competent staff team. This included mandatory training covering a range of topics such as health and safety, equality and diversity, first aid, manual handling techniques and food hygiene. We saw evidence that all staff were required to undertake updated mandatory annually. One member of staff told us, "The training here is very good, far better than anywhere else I have worked".

Following a period of structured induction training, based on the Skills for Care, induction standards, less experienced staff were encouraged to undertake nationally recognised training for care staff. The vast majority people working at the home had successfully completed this course of study, some at more advanced levels. We saw that a staff training sheet was made available for staff indicating the range of training available. Staff were invited to select any additional training they felt would be of value to them. The care and training co-ordinator explained that it was then her responsibility to source the training required. We were told that monies were always available for staff training, that would be of benefit for the people living at the home.

The staff members spoken with felt the training they had received had been very good and had provided them with the skills and knowledge to achieve positive outcomes for the people in their care. We were also told that staff felt well supported and spoke positively of the leadership skills of the senior management team. We saw records to confirm that staff attended regular meetings held by the home. This forum enabled staff to share ideas and good practice as well as discussing any areas for improvement.

Structured supervision arrangements were in place in order to guide and direct staff. This platform provided opportunity for staff to discuss any issues about their role and their training and development needs. An annual appraisal system was also in place that focused on the development of the care worker and areas for further growth. The

members of staff spoken with told us that they were happy with the support structures in place. One person said, "This is a lovely home. They (the staff) just care, you do not have to force people to do the training they just want to. It is a good home".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Internal quality monitoring was given high significance. There were structured and detailed audit systems in place for the monitoring of the service. This meant that the Trustees had a clear understanding of the current service provided, where improvements had been made and also areas for further development.

The registered manager and general manager worked closely together and alongside the wider staff team on a daily basis, including working into the late evening and at weekends. This meant that quality could be monitored as part of their day to day duties and any performance issues could be addressed as they arose.

Overall monitoring of the service was undertaken by the Trustees. As evidenced on the day of the inspection, formal meetings took place on a monthly basis. This was also confirmed by the previous meeting minutes that we looked at. A number of sub groups had also been developed to look at specific areas such as staffing, IT security, and health and safety. From this a performance monitoring report was produced and an action plan developed to address any shortfall.

The action plan was reviewed at each trustees meeting so that progress could be monitored. A Quality Review Group had been introduced and the 'Abbeyfield Standards', based on the Care Quality Commission 'Essential Standards of Quality and Safety' had been developed. This was the benchmark used to measure the quality of the service being delivered. Annual audits were also in place with measures in place to ensure that the quality of the service was continually improving. There was a structured system in place to report back to the Trustees on the actions taken and progress made.

We saw that action had been taken as a result of the audits. For example we saw that resident surveys and relative surveys were periodically provided so that people could have their say, express their views and opinions of the service provided, and help influence change. However the relative surveys had been introduced as a recommendation from the Quality Review Group.

We saw from the meeting minutes that Resident Meetings were held at regular intervals to

which the cook attended. Suggestions had been made about the menus, activities and communication. As a result of this, the suggestion menus items had been introduced and a monthly activity planner developed. A copy of this was given to each person living at the home and to their relatives. This enabled people to have a clear idea of what activities were planned and when, and also opportunity to indicate the activities they would like to attend. The activity planner also informed relatives of the activities provided. A newsletter had also been re-introduced informing people of events at the home such as introducing new residents, articles about members of staff or when somebody had died. This showed that people were listened to, their opinions valued and requests where possible, were actioned.

In addition an open general meeting was planned for 20th August 2014. This was open to all interested parties and provided another forum for people to express their views and help develop the service.

Every person we spoke with spoke very positively of the quality of the service provided at Cove House. There were many compliments, no concerns were expressed. One relative said, "There is excellent communication and very helpful people. I have never seen anything inappropriate, ever". Another relative told us, "I never expected mum to be in a residential home, I bob in frequently. The staff are very good and will do lots of things people like such as baking and gardening. Mum calls it 'home' she loves the girls, they bring their children to see mum – things like that make it a family. One person living at the home when asked what the service did best said. "Everything really, I cannot complain about anything".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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